



Alaska Alcoholic Beverage Control Board

Renewal License Application

Form AB-17d: Beverage Dispensary – Tourism

Alcohol and Marijuana Control Office

550 W 7th Avenue, Suite 1600

Anchorage, AK 99501

alcohol.licensing@alaska.gov

<https://www.commerce.alaska.gov/web/amco>

Phone: 907.269.0350

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing beverage dispensary – tourism license that will expire on December 31, 2016. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only needs to be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed.

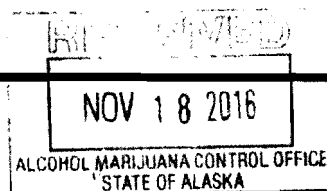
Licensee:	Totem Inn, Inc.	License #:	5078
License Type:	Beverage Dispensary-Tourism Duplicate	Statute:	AS 04.11.400(d)
Doing Business As:	The Board Room		
Premises Address:	154 E Egan Drive		
Local Governing Body:	City of Valdez		
Community Council:	None		

Mailing Address:	Box 648		
City:	Valdez	State:	AK
		ZIP:	99686

Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license.

Designated Licensee:	Sharon Blatter James M. Williams		
Contact Phone:	907-834-4425	Business Phone:	907-834-4425
Contact Email:	sharon@toteminn.com/mike@toteminn.com		

Seasonal License? ☐ Yes ☒ No If "Yes", write your six-month operating period: _____





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Section 2 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3.
If more space is needed, please attach a separate sheet with the required information.
The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

Section 3 – Entity Ownership Information

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). Partnerships may skip to Page 3. Sole proprietors should skip to Section 4.

Alaska DOC Entity #:	13595 D
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Alaska Division of Corporations:

Yes No

Is your entity in good standing with the Alaska Division of Corporations?

☒ ☐





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This subsection must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, the following information must be completed for each stockholder who owns 10% or more of the stock in the corporation, and for each president, vice-president, secretary, and managing officer.
- If the applicant is a limited liability organization, the following information must be completed for each member with an ownership interest of 10% or more, and for each manager.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each partner with an interest of 10% or more, and for each general partner.

Entity Official:	J. Michael Williams				
Title(s):	Pres.	Phone:	907-834-4425	% Owned:	50
Address:	Box 3485				
City:	Valdez	State:	AK	ZIP:	99686

Entity Official:	Connie D. Ballow				
Title(s):	Sec./Tres	Phone:	907-834-4423	% Owned:	50
Address:	Box 2911				
City:	Valdez	State:	AK	ZIP:	99686

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	





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Section 4 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

☒ ☐

If "Yes", disclose the name of the individual and the reason for this authorization:

Sharon Blake - Office Manager

Section 5 – License Operation

Check the box that best describes your liquor license operations in calendar years 2015 and 2016:

The license was regularly operated continuously throughout each year, for 8 or more hours each day.

☒

The license was regularly operated during a specific season each year, for 8 or more hours each day.

☐

The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day.
If this box is checked, an AMCO employee will contact you after reviewing your application.

☐

The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years.

☐

If this box is checked, an AMCO employee will contact you after reviewing your application.

Section 6 – Convictions

Applicant convictions in calendar years 2015 and 2016:

Yes No

Has any person named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2015 or 2016?

☐ ☒

If "Yes", list all convictions:





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Section 7 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.



I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.



I certify that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.



I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.



I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.



I have submitted a written statement as part of this application that meets the attached Tourism Statement Guidelines.



As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

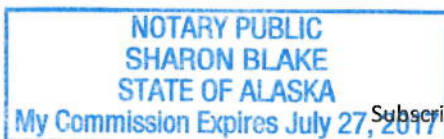
Signature of licensee

Signature of Notary Public

Printed name of licensee

Notary Public in and for the State of AK

My commission expires: 07/27/2017



Subscribed and sworn to before me this 16 day of NOVEMBER, 2016.

License Fee:	\$ 2500.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of \$500.00 – if received or postmarked after 01/03/2017:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



Totem Inn, Inc.
Dba the Board Room
PO Box 648
Valdez, AK 99686
907-835-4443

November 16, 2016

Alcohol & Marijuana Control Board
550 W. 7th Ave., Suite 1600
Anchorage, AK 99501

To whom it may concern:

This letter is written in regards to Renewal Beverage Dispensary License #5078.

- Totem Inn, Inc., dba The Board Room encourages tourism by advertising in a variety of pamphlets/magazines/travel guides and radio.
- Totem Inn, Inc., dba The Board Room has painted interior/exterior, purchased new equipment/glasses/product to keep up with supply in demand.
- Totem Inn, Inc., dba The Board Room hours are 5pm to closing daily with 9am to closing on Sundays during football season.
- Totem Inn, Inc. has 50 rooms available for the traveling public. 40 are available year round with 10 (cabins) closed Nov. 01 – April 30. 28 rental rooms with kitchenettes, 18 of these rooms have a washer/dryer and all 50 rooms have a microwave. No alcohol is stocked in rooms.
- Totem Inn, Inc., restaurant hours are from 5am to 10pm daily with the exception of Christmas Day and can seat 100.
- Totem Inn, Inc., dba The Board Room suggests sightseeing helicopter tours, boat charter and bike rental information.

If further information is needed, please contact Sharon at 907-834-4429.

Respectfully,



Sharon Blake
Office Manager

